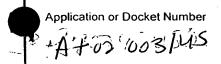
10/516849

ATENT APPLICAT FEE DETERMINATION REC

Efféctive October 1, 2004



CLAIMS AS FILED - PART I								SMALL ENTITY		OTHER THAN		
(Column 1) (Column 2) TYPE C OR SMALL ENTITY												NTITY
TOTAL CLAIMS								RATE	FEE	Ì	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		l	BASIC FEE		OR	BASIC FEE	950
TOTA	L CHARGEABL	E CLAIMS.	11 min	us 20 = ,	= .			X \$ 9 =		OR	X \$ 18 =	
INDE	PENDENT CLA	IMS	ə m	inus 3 = ,	-			X \$ 44 =		OR	X \$ 88 =	
MULT	TIPLE DEPEND	ENT CLAIM PR	ESENT ·					+ \$ 150 =		OR	+ \$ 300 =	
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	950
CLAIMS AS AMENDED - PART II								SMALL ENTITY			OTHER THAN SMALL ENTITY	
		(Column 1)		(Colur HIGH		(Column 3)		· · · · · · · · · · · · · · · · · · ·	ADDI-	I		ADDI-
¥		REMAINING AFTER AMENDMENT		NUM PREVK PAID	BER DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
MEN	Total	*	Minus	**		=		X \$ 9 =		OR	X \$ 18 =	
AMENDMENT	Independent	*	Minus	***		=		X \$ 44 =		OR	X \$ 88 =	
₹	FIRST PRESE	NTATION OF N	MULTIPLE DEP	ENDENT	CLAIM			+ \$ 150 =		OR	+ \$ 300 =	
-		<u> </u>				· · · · · · · · · · · · · · · · · · ·	•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$9=		OR	X \$ 18 =	
MENC	Independent	*	Minus	***		=		X \$ 44 =		OR	X \$ 88 =	
\ \{ \}	FIRST PRESE	ENTATION OF	MULTIPLE DEI	PENDEN	T CLAIN	1	1	+ \$ 150 =		OR	+ \$ 300 =	
 								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER NOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	1	X \$ 9 =		OR	X \$ 18 =	
MEND	Independent	*	Minus	***		=		X \$ 44 =		OR	X \$ 88 =	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + \$ 150 =							:	OR	L	=	
	, l <u>.</u>		<u>, , , , , , , , , , , , , , , , , , , </u>			TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEI	E		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 11/2004)

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